



County of San Diego, Planning & Development Services  
**ADMINISTRATIVE CITATION – REQUEST FOR  
APPEAL HEARING**  
**CODE COMPLIANCE DIVISION**

Name (appellant): \_\_\_\_\_ Citation #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Assessor Parcel No. \_\_\_\_\_

Address of Violation: \_\_\_\_\_

**ALL PENALTY AMOUNTS MUST ACCOMPANY THIS APPEAL. ALL APPEALS MUST BE FILED  
WITHIN 14 DAYS FROM THE DATE THE CITATION WAS ISSUED. PLEASE SUPPLY 2 SETS OF  
DOCUMENTS TO SUPPORT YOUR CLAIM, SUCH AS PHOTOS, DIAGRAMS, COPIES OF PERMITS,  
AND TESTIMONY OF WITNESSES.**

Amount Enclosed: \$ \_\_\_\_\_ Cashier's Check Money Order Cash

REASON(S) FOR APPEAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You are entitled to have legal representation at the Appeal Hearing. If you will have an attorney present, provide the attorney name and telephone number: No Attorney will be present ☐

OR Attorney name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Number of witnesses to appear at the hearing on your behalf \_\_\_\_\_.

I declare under penalty of perjury that the foregoing statement and information provided by me is correct.

Signature (Appellant): \_\_\_\_\_ Date: \_\_\_\_\_

**Appellant will be notified of time, date and location of the hearing by first class mail. Please mail appeal, supporting documentation, and payment to:**

**Planning & Development Services  
5510 Overland Avenue, Suite 110  
San Diego, CA 92123  
ATTN: Cashier**

**For County Use Only**

Date Appeal Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Received Via: Mail Personal Delivery Other \_\_\_\_\_

**Accounting Information: Org 5670; Acct 9181; Act 426D02**